

## City of Milpitas Recreation Services Special Events Application

Should you have any questions please contact Milpitas Recreation Services at (408) 586-3210 (Milpitas Community Center 457 E. Calaveras Blvd. Milpitas, CA 95035 - Monday-Thursday, 8:00 a.m.-7:00 p.m., Friday, 8:00 a.m.-5:00 p.m.).

Event \_\_\_\_\_ Event Date \_\_\_\_\_ Event Location \_\_\_\_\_

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Group/Organization/Company \_\_\_\_\_

Profit Group ☐ Non-Profit ☐ Non-Profit # \_\_\_\_\_ Other ☐ \_\_\_\_\_

Address of Applicant \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email Address (optional) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Type of Participation  
Resource table/booth ☐ Vending booth ☐ Speech Presentation ☐ Displaying items in City Facilities ☐  
Other \_\_\_\_\_

***\*Please note: A sample of all speeches and items being distributed will need to be provided to Milpitas Recreation Services staff one month prior to event and must be approved by Milpitas Recreation Services Management before distribution.***

Type of Vending  
Food ☐ Craft ☐ Information ☐ Other \_\_\_\_\_

List items being sold and the price of each item

Item

Price

_____	_____
_____	_____
_____	_____
_____	_____

***\*Please note: Selling of any tangible personal property or food items will require appropriate permits, Milpitas Recreation Services will assist in obtaining all permits.***

Equipment/Supplies

List items you are requesting

_____	_____
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***Fees may be required should a participation fee, equipment rentals and/or permit fee be associated with the event. All fees will be reviewed and assessed after the Special Events Application has been received and groups will be notified in writing of all associated fees prior to the event.***

Applicant hereby agrees to the fullest extent permitted by law, Applicant agrees to indemnify, defend with counsel reasonably acceptable to City, and hold harmless City, its officers and employees from all costs, expenses, claims, suits, judgements, demands, causes of action, losses, liabilities or damages arising out of or in any way connected with the intentional or negligent act or omission of the Applicant, Applicant's officers, employees, agents, contractors, subcontractors, or any officer, agent or employee thereof, including without limitation those relating to injury or death of any person or damage to any property.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE

Staff Approval Signature \_\_\_\_\_

Date \_\_\_\_\_ Permit \_\_\_\_\_ Deposit \_\_\_\_\_

Vendor Number \_\_\_\_\_ Date sent to A/P \_\_\_\_\_ Applicable Fees \_\_\_\_\_

Compensation Amount \_\_\_\_\_ Approval \_\_\_\_\_ Rental Date \_\_\_\_\_ Return Date \_\_\_\_\_